FORM 1

## STATEMENT OF **ORGANIZATION**

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	·		····				FEC MAIL CENTER
1. NAME OF COMMITTEE (in	full)		ck if name anged)	Example over the	e:If typing, type e lines.	12FE	1M5
MIŞŞOURI	SOYB	EAN AS	SSOCIA	TION	POLITIC	AL ACT	TION COMMITTEE
			. <u>l.l.l.l.</u>	<u> </u>			
ADDRESS (number and	d street)	P.O. B	OX 104	1778	<u> </u>		
(Check if addiscrete is changed)	dress	JEFFE	RSON	CITY		MO	65110 4778
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MAI	L ADDRESS	3 (Please prov	vide only one e	-mail addre	ss)		
(Check if a	address	eneun	er@mc	soy.o	<u>rg</u>	<u> </u>	
is changed	,		1111		- 1911 - 101 - 100		
COMMITTEE'S WEB		RESS (URL)	A A HAR C				
and the state of t		- 1919-1918 - 1919-1918	Dedoras u Signif <mark>onto</mark> n	upak mga a <u>1 1 11 11 11 11 1</u>	n in selection of the s		ing sa panggang sa panggan Daga Sanggang sa panggang
(Check if address is changed)							
2. DATE 01" 13" 2014.							
3. FEC IDENTIFICATION NUMBER C 00290866							
4. IS THIS STATEM	IENT	NEW (N)	OR	$\boxtimes$	AMENDED (A	)	
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Kelly Forck							
Signature of Treasure	•	May	fart		· . • · · · · · · · · · · · · · · · · ·	Date	01 13 2014
1	alse, erroneo			•	t the person signi	-	ent to the penalties of 2 U.S.C. §437g.
Office Use Only	e. Garaga			Fe	r further information deral Election Comm I Free 800-424-9530	nission	FEC FORM 1 (Revised 02/2009)

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	COMMITTEE						
Cendidate Committee:							
(a) _	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complet information below.)	te the candidate					
Name of Candidate							
Candidate Party Affili		State District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Co	ommittee:						
(d)		omocratic, publican, etc.) Pa					
Political	Action Committee (PAC):						
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	cted organization i					
	Corporation W/o Capital Stock	abor Organization					
		Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.						
(f) [	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or pa					
	In addition, this committee ts a Lobbyist/Registrant PAC.						
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)						
Joint Fu	ndraising Representative:						
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a foderal candidate.	or more political					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political					
0	ammitta de Participatina in Jaint Eundraiger						
Co	ommittees Participating in Joint Fundraiser						
1.	FEC ID number	0.1.1.1.1					
2.	FEC ID number						
3.	FEC ID number						
4							

Irite or Type Committee Na	YBEAN ASSOCIATION POLITICAL ACTION COMMITTEE
	d Organization, Arfiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
Custodian of Records: le	dentify by name, address (phone number optional) and position of the person in possession of committee
Full Name	y T. Neuner
Mailing Address	P.O. Box 104778
	<u> </u>
	Jefferson City MO 65110 - 4778
Title or Position	CITY STATE ZIP CODE
Director of Adm	ninistration Telephone number 573   635   3819
	and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer	y Forck
Mailing Address	1502 Calvin Lane
	Jefferson City MO 65101
Title ar Position	CITY STATE ZIP CODE  Telephone number
	Name of Any Connected  Name of Any Connected  Mailing Address  Relationship: Connected  Custodian of Records: It books and records.  Full Name Ebby  Mailing Address  Title or Position  Director of Adm  Treasurer: List the name any designated agent (e.g. Full Name of Treasurer Kelly  Mailing Address  Title or Position

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	Full Name of Designated Agent	Ebby T. Neuner	
	Mailing Address	P.O. Box 104778	
		Jefferson City MC	0 65110 -4778
	Title or Position	CITY STATE	ZIP CODE
	Deputy Tre	Pasurer Telephone number	
_			
9.	safety deposit bo	<ul> <li>Depositories: List all banks or other depositories in which the committee deposes or maintains funds.</li> </ul>	osits funds, holds accounts, rents
	Name of Bank, I	Depository, etc.	
	Mailing Address		
			<u> </u>
		CITY STATE	ZIP CODE
	Name of Bank, I	Depository, etc.	
		1	
	Mailing Address		
		CITY STATE	ZIP CODE

Missouri Soybeans
P.O. Box 104778
3337 Emerald Lane
Jefferson City, MO 65110

ZIP 65101 \$ 000 名60 02 1W 0001362877 JAN 23 2014

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Federal Election Commission 999 E Street, NW Washington, DC 20463 (8/2013)

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